

**PROOF OF SERVICE**

*(This section should not be filed with the Court unless required by Fed. R. Civ. P. 4(1))*

Case No. 2:24-cv-10013-MAG-CI

This summons for (name of individual and title, if any) Robert Possanza  
was received by me on (date) 1/8/24

☒ I personally served the summons on the individual at (place) Iron County Medical Care Facility  
(Admin) 1523 US-2, Crystal Falls, MI on (date) Tuesday 1/9/24 1403; or  
(by appointment)

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_ a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or


☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other: (specify): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under the penalty of perjury that this information is true.

Date: 1/10/24

  
Server's Signature  
Mark Ranney - Process Server  
Printed Name and Title  
POB 2826, kingsford, MI 49802  
Server's address  
906-239-7427

Additional information regarding attempted service, etc.:

Report

1/9/24

Packet: 99 pages